

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		1				
5		1				
6		1	1			
7		1		1		
8		1	1			
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TOTAL IND.			3			
TOTAL DEP.			11			
TOTAL CLAIMS			14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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